

# **RCL #285 CHILDREN'S XMAS PARTY**

**Sunday, December 8, 2024, 11 am – 1 pm**

**PLEASE PRINT CLEARLY & Return to Office by October 15, 2024!**

Member Name: \_\_\_\_\_ Legion #: \_\_\_\_\_ Current:  Y.  N

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list Children's Names, Age, Birthdate and if they have any allergies.  
Gifts will be provided for children and grandchildren (newborn to age 9 years)  
of **CURRENT #285 Legion Members.**

They must be present on Sunday, December 8 to receive their gift.  
One adult per two children in attendance.

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of December 8 2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day, month, year)

Allergies:  N.  Y, please list: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of December 8, 2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day, month, year)

Allergies:  N.  Y, please list: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of December 8, 2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day, month, year)

Allergies:  N.  Y, please list: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of December 8, 2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day, month, year)

Allergies:  N.  Y, please list: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of December 8, 2024: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (day, month, year)

Allergies:  N.  Y, please list: \_\_\_\_\_